

105TH CONGRESS
1ST SESSION

S. 349

To amend the Public Health Service Act to provide for expanding, intensifying, and coordinating activities of the National Heart, Lung, and Blood Institute with respect to heart attack, stroke, and other cardiovascular diseases in women.

IN THE SENATE OF THE UNITED STATES

FEBRUARY 25, 1997

Mrs. BOXER (for herself, Mr. KENNEDY, and Mr. HOLLINGS) introduced the following bill; which was read twice and referred to the Committee on Labor and Human Resources

A BILL

To amend the Public Health Service Act to provide for expanding, intensifying, and coordinating activities of the National Heart, Lung, and Blood Institute with respect to heart attack, stroke, and other cardiovascular diseases in women.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Women’s Cardio-
5 vascular Diseases Research and Prevention Act”.

1 **SEC. 2. FINDINGS.**

2 The Congress finds as follows with respect to women
3 in the United States:

4 (1) Heart attack, stroke, and other cardio-
5 vascular diseases are the leading causes of death in
6 women.

7 (2) Heart attacks and strokes are leading
8 causes of disability in women.

9 (3) Cardiovascular diseases claim the lives of
10 more women each year than does cancer. Each year
11 more than 479,000 females die of cardiovascular dis-
12 eases, while approximately 246,000 females die of
13 cancer. Heart attack kills more than 5 times as
14 many females as breast cancer. Stroke kills twice as
15 many females as breast cancer.

16 (4) One in 5 females has some form of cardio-
17 vascular disease. Of females under age 65, each year
18 more than 20,000 die of heart attacks. In the case
19 of African-American women, from ages 35 to 74 the
20 death rate from heart attacks is approximately twice
21 that of white women and 3 times that of women of
22 other races.

23 (5) Each year since 1984, cardiovascular dis-
24 eases have claimed the lives of more females than
25 males. In 1992, of the number of individuals who

1 died of such diseases, 52 percent were females and
2 48 percent were males.

3 (6) The clinical course of cardiovascular dis-
4 eases is different in women than in men, and cur-
5 rent diagnostic capabilities are less accurate in
6 women than in men. Once a woman develops a car-
7 diovascular disease, she is more likely than a man to
8 have continuing health problems, and she is more
9 likely to die.

10 (7) Of women who have had a heart attack, ap-
11 proximately 44 percent die within 1 year of the at-
12 tack. Of men who have had such an attack, 27 per-
13 cent die within 1 year. At older ages, women who
14 have had a heart attack are twice as likely as men
15 to die from the attack within a few weeks. Women
16 are more likely than men to have a stroke during the
17 first 6 years following a heart attack. More than 60
18 percent of women who suffer a stroke die within 8
19 years. Long-term survivorship of stroke is better in
20 women than in men. Of individuals who die from a
21 stroke, each year approximately 61 percent are fe-
22 males. In 1992, 87,124 females died from strokes.
23 Women have unrecognized heart attacks more fre-
24 quently than men. Of women who died suddenly

1 from heart attack, 63 percent had no previous evi-
 2 dence of disease.

3 (8) More than half of the annual health care
 4 costs that are related to cardiovascular diseases are
 5 attributable to the occurrence of the diseases in
 6 women, each year costing this Nation hundreds of
 7 billions of dollars in health care costs and lost pro-
 8 ductivity.

9 **SEC. 3. EXPANSION AND INTENSIFICATION OF ACTIVITIES**
 10 **REGARDING HEART ATTACK, STROKE, AND**
 11 **OTHER CARDIOVASCULAR DISEASES IN**
 12 **WOMEN.**

13 Subpart 2 of part C of title IV of the Public Health
 14 Service Act (42 U.S.C. 285b et seq.) is amended by insert-
 15 ing after section 424 the following:

16 “HEART ATTACK, STROKE, AND OTHER CARDIOVASCULAR
 17 DISEASES IN WOMEN

18 “SEC. 424A. (a) IN GENERAL.—The Director of the
 19 Institute shall expand, intensify, and coordinate research
 20 and related activities of the Institute with respect to heart
 21 attack, stroke, and other cardiovascular diseases in
 22 women.

23 “(b) COORDINATION WITH OTHER INSTITUTES.—
 24 The Director of the Institute shall coordinate activities
 25 under subsection (a) with similar activities conducted by
 26 the other national research institutes and agencies of the

1 National Institutes of Health to the extent that such Insti-
2 tutes and agencies have responsibilities that are related
3 to heart attack, stroke, and other cardiovascular diseases
4 in women.

5 “(c) CERTAIN PROGRAMS.—In carrying out sub-
6 section (a), the Director of the Institute shall conduct or
7 support research to expand the understanding of the
8 causes of, and to develop methods for preventing, cardio-
9 vascular diseases in women. Activities under such sub-
10 section shall include conducting and supporting the follow-
11 ing:

12 “(1) Research to determine the reasons under-
13 lying the prevalence of heart attack, stroke, and
14 other cardiovascular diseases in women, including
15 African-American women and other women who are
16 members of racial or ethnic minority groups.

17 “(2) Basic research concerning the etiology and
18 causes of cardiovascular diseases in women.

19 “(3) Epidemiological studies to address the fre-
20 quency and natural history of such diseases and the
21 differences among men and women, and among ra-
22 cial and ethnic groups, with respect to such diseases.

23 “(4) The development of safe, efficient, and
24 cost-effective diagnostic approaches to evaluating
25 women with suspected ischemic heart disease.

1 “(5) Clinical research for the development and
2 evaluation of new treatments for women, including
3 rehabilitation.

4 “(6) Studies to gain a better understanding of
5 methods of preventing cardiovascular diseases in
6 women, including applications of effective methods
7 for the control of blood pressure, lipids, and obesity.

8 “(7) Information and education programs for
9 patients and health care providers on risk factors as-
10 sociated with heart attack, stroke, and other cardio-
11 vascular diseases in women, and on the importance
12 of the prevention or control of such risk factors and
13 timely referral with appropriate diagnosis and treat-
14 ment. Such programs shall include information and
15 education on health-related behaviors that can im-
16 prove such important risk factors as smoking, obe-
17 sity, high blood cholesterol, and lack of exercise.

18 “(d) AUTHORIZATION OF APPROPRIATIONS.—For the
19 purpose of carrying out this section, there is authorized
20 to be appropriated \$140,000,000 for fiscal year 1998, and
21 such sums as may be necessary for each of the fiscal years
22 1999 and 2000. The authorization of appropriations es-
23 tablished in the preceding sentence is in addition to any

- 1 other authorization of appropriation that is available for
- 2 such purpose.”.

